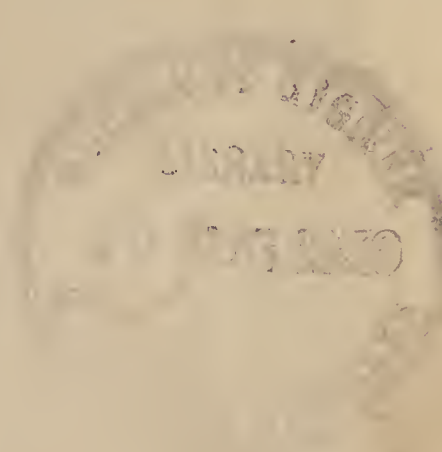


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CITY OF WAKEFIELD
EDUCATION COMMITTEE.

REPORT
OF THE
SCHOOL MEDICAL OFFICER,
FOR THE YEAR 1929.





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PUBLIC HEALTH DEPARTMENT,
TOWN HALL, WAKEFIELD,

31st March, 1930.

*To the Chairman and Members of
the Wakefield Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit for your information and consideration a Report on the work of the School Medical Service for the year ended 31st December, 1929.

1. As usual the Report follows the lines laid down by the Board of Education, and it presents a survey, largely statistical in character, of the physical and to some extent of the mental condition of the children attending the schools belonging to the Local Education Authority.

2. The extent of the work is indicated by the fact that the medical examinations amounted to 9,196, and that 7,443 individual children were examined, either as routine or special cases. In addition the School Dentist examined 5,908 children, and the School Nurses made 9,659 examinations with regard to cleanliness, etc.

3. The results of the routine examination of the elementary school children shew that approximately 82 per cent. had carious teeth, 24 per cent. had defective vision, 21 per cent. had unhealthy throats, 15 per cent. of the girls had unclean heads, 10 per cent. had diseases of the lungs (mostly bronchitis), 8 per cent. had defective nutrition, 5 per cent. had diseases of the ears, 3 per cent. were dull and backward, 2 per cent. had rickets, between 1 and 2 per cent. had unsatisfactory clothing and footgear, deafness and anaemia, while less than 1 per cent. had organic heart disease, tuberculosis and mental deficiency.

Nearly one-third (32 per cent.) of all the children examined at routine inspection were referred for treatment for some defect or other, excluding uncleanliness and dental disease. At the same time, despite the continued prevalence of industrial depression, the general physique and well being of the children shewed no deterioration, and, indeed, in some respects, there was evidence of improvement.

4. The following up of children referred for treatment shewed an increased percentage of children treated.

The Clinic for Minor Ailments shewed an increased attendance during the year, and I should like to express my appreciation of the excellent and hard work put in at this Clinic by Nurse Milner.

5. The report by Dr. Allardice on the work of the Ophthalmic Clinic shews that this important Clinic is carried on with the highest scientific skill and the most painstaking care. The work is of a highly specialised character, and I think that we are fortunate in being able to get it so well done by a member of our own staff.

6. The Dental Clinic—started in the later months of 1928—has been more fully developed during the year, and the report by Mr. Moxon, who has proved himself a most capable and enthusiastic dentist, shews the large amount of good work he has been able to do.

7. During the year you decided to establish an Orthopaedic Clinic, which was opened early in 1930.

You have still under consideration the establishment of an Open Air School, and a Special School for Mental Defectives or Retarded Children. As you fully realise the great need for both schools, I need only express the hope that they will soon come into being. Dr. Allardice who has during the year made a very careful inquiry into the question of Mental Deficiency, has, at my request, prepared a Special Report on the subject, which should, at this particular time when the subject is receiving so much attention, prove of the greatest interest and value.

8. During the Health Week held in October, we concentrated as usual on the School Children. The subject chosen was Cleanliness, and by means of special lessons given by the teachers, short lectures given by your medical officers in all the schools, suitable literature, posters, and cinema exhibitions, the importance of the subject was brought vividly before the children. The usual Essay Competition followed, and prizes were given for the best essays, the two best in each senior school and the three best in all the schools.

9. In conclusion, I should like to acknowledge the great and valued assistance of Dr. Allardice, Dr. Eeles, Mr. Moxon, the School Nurses, Teachers, Attendance Officers, Mr. Tate and all concerned in any way with the work. I also wish to gratefully acknowledge the most helpful co-operation of the Director of Education (Mr. Stanley Moffett), who has always taken the keenest interest in promoting the efficiency of the School Medical Service.

I am,

Ladies and Gentlemen,

Your obedient Servant,

THOMAS GIBSON,

School Medical Officer.

1.—STAFF.

The Staff employed in the School Medical Service during 1929 was :—

THOMAS GIBSON, M.D., C.M. (Edin.), D.P.H. (Lond.), School Medical Officer.

FRANK ALLARDICE, M.B., Ch.B. (Edin.), D.P.H. (Edin.), Assistant School Medical Officer.

JESSIE EELES, M.D., Ch.B. (Edin.), Assistant School Medical Officer.

JOSEPH N. MOXON, L.D.S. (Leeds), School Dentist.

Sarah S. Thorp	}	School Nurses.
Ellen R. Paver		
Hilda Staniforth		
Hilda Robertshaw		
Maggie Dearden		
Winifred M. Wilson		

Louie Milner, School Clinic Nurse.

Olive Hepworth, Assistant to Dentist.

Herbert W. Tate, Clerk.

2.—CO-ORDINATION.

The School Medical Service is completely co-ordinated with the Public Health Service of the City. The Medical Officer of Health is also the School Medical Officer and the Deputy Medical Officer of Health is an Assistant School Medical Officer. The Assistant Medical Officer for Maternity and Child Welfare is also an Assistant School Medical Officer. Each of the six Health Visitors works in a district of the City, where she carries out the duties of a school nurse as well as those connected with maternity and child welfare, tuberculosis and mental deficiency. This arrangement obviates overlapping and redundancy of home visits, and also enables the School Nurse to have a more complete and intimate knowledge of the social circumstances of families living in her district. The co-ordination is also facilitated through the control of a liason Committee—the Health Services Sub-Committee—composed of the Chairman and Deputy Chairman of the General Purposes, the Finance, the Education, the Health and Mental and Child Welfare Committees. The services of the Dentist and his Assistant, the Clinic Nurse, one Clerk and part-time of another Clerk (attached to the Health Department) are whole-time for the School Medical Service. A large amount of the clerical work is also carried out in the Education Department.

2a.—SCHOOL ACCOMMODATION.

There are 23 Schools in Wakefield, comprising 41 Departments and 30 separate buildings. Of the 23 schools, 10 are provided and 13 non-provided schools. The following list gives the attendance and average number on roll in the month of July, 1929 :—

Accommodation	..	..	..	10,174
Average number on roll	..	..	..	8,438
Average attendance	..	..	..	7,555

3.—SCHOOL SANITATION.

The sanitary condition of the public elementary schools generally speaking, is satisfactory. All are supplied with Corporation water, and are provided with water closets and satisfactory drainage. The sanitary arrangements are regularly inspected by the Sanitary Inspectors and defects found are reported at the time to the Director of Education. In every respect the newer schools comply with the highest standards of hygienic planning and equipment, but some of the older schools fall more or less below these standards. There are still a few schools with playgrounds unpaved or insufficient in size, where the heating or ventilating is not quite satisfactory, with unsatisfactory cloak-rooms and lavatory and water closet accommodation not quite up to numerical standards. These are old schools with inherent defects of planning which would be difficult to remedy without re-building or extensive alterations. The Director of Education has supplied me with the following list of improvements carried out during the year :—

Unsuitable furniture in all schools has been replaced by modern dual desks and tables and chairs.

Galleries have been removed at Ings Road, Sandal Council and Cathedral Boys' and Infants' Schools.

Electric lighting has been installed in Cathedral Boys', Girls' and Infants' Schools.

The Unity Tubular System of Electric Heating has been installed at Sandal Council School in place of heating by open fire places and stoves which for some considerable time has proved inadequate, and at Thornes Lane Infants' Schools the stoves have been re-placed by a low-pressure hot water system.

During the year the following Schools were decorated :—

Ings Road Council School.
Alverthorpe Council School.

Willow Lane Council School.
 Lawefield Lane Council School.
 Cathedral Boys', Girls' and Infants' Schools.
 Trinity Boys' School.
 St. Andrew's Mixed and Infants' Schools.
 Eastmoor Mixed and Infants' Schools.

4.—MEDICAL INSPECTION.

Medical Inspection work may be divided into the Routine or Statutory Inspection, which embraces the examination of entrants, intermediates and leavers, and the Supplementary Inspection of special cases both in the Schools and the School Clinic.

At the Routine Inspection the Schedule of the Board of Education is followed, and the same card is used when specials are examined in Schools; but a different card is used at the Inspection Clinic. The bulk of the children for Routine Inspection are examined at the Inspection Clinic at the Town Hall Chambers, King Street, but children in the outlying schools are examined in the Schools. This system reduces the disturbance of school arrangements through medical inspection to a minimum, and it works very satisfactorily.

During 1928 the administrative arrangements in connection with medical inspection were revised and certain improvements calculated to make the system more efficient, were put into operation at the beginning of 1929. Formerly the Record Cards were kept in the Schools, but this arrangement had many drawbacks, which are now obviated by filing the cards in the School Medical Service office in the King Street Chambers, where they are always available for reference. This arrangement also enables medical certificates and reports by School Nurses, etc., to be inserted in the appropriate folder-card, and all available infant record cards, used by the Health Visitors for home visiting and all Child Welfare Centre record cards, are also attached to the School Record Cards of the children concerned. By this means a large proportion of the record cards will supply the health record of the child right back to the date of birth and this information will often be very useful to the School Medical Officer. The removal of the record cards from the custody of the Head Teachers at once suggested that some method should be introduced whereby the Teachers could be informed of the results of medical inspection. This is now provided for by the issuing of a Medical Certificate in quadruplicate after each medical examination whether at routine or supplementary inspection or at the Clinic. When some action has to be taken,

e.g., some condition requiring treatment or the exclusion of the child from school, one of these certificates goes to the Director of Education, one to the Head Teacher, one is filed in the record card of the child, and one is retained in the certificate book. In this way every decision or recommendation made by the Medical Officer is at once communicated to the Director of Education and through him to the Teacher and the Attendance Officer and the information is also retained for reference in the record card, and will be available at each subsequent medical examination. From these certificates notices are sent to parents advising that treatment should be obtained for the conditions discovered at medical inspection. In connection with the Ophthalmic Clinic a special certificate form is used which states whether the visual defect is serious or otherwise, stationary or progressive, to what extent the glasses prescribed will probably correct the error and whether any special precautions should be taken in school or at home. The sheets formerly used for "following up" have been discarded, except for cleanliness survey when they are filled up by the School Nurses, and separate "following up" forms are now provided for each child. The School Nurses note the result of their enquiries on these forms and after being submitted to the School Medical Officer they are filed each in the appropriate school record card to be available for future inquiries if necessary. In addition Special Inquiry forms are used, for particular cases when fuller information about home circumstances are required, *e.g.*, in cases of malnutrition, apparent neglect, etc., and these too are ultimately filed with the record cards. In cases of Rheumatism, Heart Disease and Chorea, these Special Inquiry forms are sent to the Sanitary Inspector for reports on the sanitation of the dwellinghouses, particularly as to dampness and are finally filed in the Record Cards. In cases where treatment is definitely needed and has not been obtained, "Final Action" forms, on which short statements of the history of the cases are given with the observations of the Medical Officer, the School Nurses, and in some cases of the Head Teachers, are sent to the Director of Education who takes any necessary action and records this and the result on the form. These are then filed with the Record Cards. It will be evident that this system provides a very complete and convenient record of each child, and in practice it has enormously enhanced the efficiency of the School Medical work. At the same time the clerical work involved has been considerably increased. In the Health Department Section of the work, one Clerk and another half-time Clerk are required to deal with the necessary details, while in addition the Education Department has to deal with the large amount of work involved in the sending out of notices to parents, etc. It is necessary to keep the filed cards up to date by making out new cards for entrants,

whose names are sent in by the Teachers and removing the cards of children who have left school. The cards in the Dental Clinic have similarly to be kept up to date.

5.—FINDINGS OF MEDICAL INSPECTION. ELEMENTARY SCHOOL CHILDREN.

(A) Routine Medical Inspection.

NUMBER OF CHILDREN EXAMINED AT ROUTINE INSPECTION DURING 1929.

Age Period.				Total.	Boys.	Girls.
ENTRANTS	3—4 years	..	..	68	30	38
	4—5 years	..	..	338	155	183
	5—6 years	..	..	400	201	199
	6—7 years	..	..	166	85	81
	At other ages	..	..	60	37	23
Total Entrants				1032	508	524
INTERMEDIATES 8—9 years				1564	773	791
LEAVERS	12—13 years	..	..	664	367	297
	13—14 years	..	..	533	262	271
	14—15 years	..	..	32	24	8
	At other ages	..	..	23	12	11
Total Leavers				1252	665	587
Total examined				3848	1946	1902

During 1929 there was a very large increase in the number of children examined at routine inspection, in fact 1,341 more than in 1928. The entrants were increased by 74, the intermediates by 788, and the leavers by 479. It is difficult to account for an increase of more than 50 per cent. except on the assumption that the new system of dealing with the record cards has resulted in a more complete call up of the children due for inspection. At the same time the high birth rate in the early twenties has no doubt swelled the intermediate group, while the considerable immigration into the City which has taken place during the last year or two may have had an effect in increasing the total numbers.

Health History.

The health history of each child is ascertained and any attack of infectious or other ailment of importance is entered on the card. This is done in the first place by the teachers, and the information is checked by the medical officer at the time of inspection in all cases where a parent attends. Whenever the family history presents any special feature (*e.g.*, a history of tuberculosis or epilepsy), this is also recorded.

HEIGHT AND WEIGHT.

All children were as usual weighed and measured. The following tables give the average height and weight in each age group :—

HEIGHTS OF WAKEFIELD SCHOOL CHILDREN, 1929.

Age Group.	BOYS.			GIRLS.		
	Average Height.			Average Height.		
Years.	English Ft.	System. Ins.	Metric System. Cent.	English. Ft.	System. Ins.	Metric System. Cent.
3—4	3	0 $\frac{3}{4}$	93.25	3	0 $\frac{1}{2}$	92.7
4—5	3	2 $\frac{1}{4}$	97.0	3	2	96.5
5—6	3	4 $\frac{1}{2}$	103.0	3	4 $\frac{1}{4}$	102.2
6—7	3	6 $\frac{1}{4}$	107.3	3	6	106.75
8—9	3	10 $\frac{1}{2}$	118.2	3	10 $\frac{1}{4}$	117.5
9—10	4	0 $\frac{3}{4}$	123.85	4	1	124.6
12—13	4	5 $\frac{3}{4}$	136.5	4	6 $\frac{1}{2}$	138.6
13—14	4	7 $\frac{3}{4}$	141.75	4	8 $\frac{1}{2}$	143.75

WEIGHTS OF WAKEFIELD SCHOOL CHILDREN, 1929.

Age Group.	BOYS.			GIRLS.		
	Average Weight.			Average Weight.		
Years.	English Lbs.	System. Ozs.	Metric System. Kilos.	English Lbs.	System. Ozs.	Metric System. Kilos.
3—4	32	11	14·8	31	7	14·25
4—5	36	4	16·5	35	5	16·1
5—6	38	6	17·6	38	1	17·25
6—7	43	7	19·75	41	6	18·8
8—9	52	3	23·6	50	2	22·8
9—10	54	6	24·75	54	1	24·5
12—13	73	2	32·2	73	8	33·3
13—14	78	3	35·5	79	2	36·0

Compared with the preceding year the figures for height are in most age periods slightly lower than those of 1928, while on the other hand the figures for weight are for most age groups slightly higher. This agrees with the increased proportion of children with good nutrition.

CONDITION OF CLOTHING AND FOOTGEAR.

Clothing.

The following table gives the number and percentage of children found with unsatisfactory clothing (poor and bad):—

GROUP.	Total Unsatisfactory Clothing.		Poor Clothing.		Bad Clothing	
	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.
Entrants ..	12	1·1	11	1·06	1	0·09
Intermediates ..	19	1·2	14	0·89	5	0·31
Leavers ..	22	1·7	19	1·5	3	0·23
Total ..	53	1·3	44	1·4	9	0·23

Footgear.

The following table gives the number and percentage of children with unsatisfactory footgear (poor and bad) :—

GROUP.	Total. unsatisfactory Footgear.		Poor Footgear.		Bad Footgear.	
	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.
Entrants ..	16	1·5	14	1·3	2	0·19
Intermediates ..	29	1·8	25	1·5	4	0·25
Leavers ..	27	2·1	22	1·7	5	0·39
Total ..	72	1·8	61	1·5	11	0·28

Compared with 1928, the percentage of children with unsatisfactory clothing had increased from 0·9 to 1·3, but the percentage with really bad clothing has fallen from 0·31 to 0·23. The percentage of children with unsatisfactory footgear has increased from 1·19 in 1928 to 1·8 in 1929, but the percentage with really bad boots has decreased from 0·75 to 0·28. In other words while in 1929 there were rather more children with unsatisfactory clothing and footgear than in 1928 there were fewer children with very bad clothing and footgear.

NUTRITION.

	All children.		Entrants.				Intermediates.				Leavers.			
			Boys.		Girls.		Boys.		Girls.		Boys.		Girls.	
	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.	Number.	Percentage.
Normal Nutrition	3544	92.09	479	94.09	492	93.8	694	89.7	727	91.9	604	90.7	548	93.3
Poor Nutrition	301	7.8	29	5.7	31	5.9	79	10.2	64	8.09	59	8.8	39	6.6
Bad Nutrition	3	0.08	—	—	1	0.2	—	—	—	—	2	0.30	—	—
Total Defective Nutrition	304	7.9	29	5.7	32	6.1	79	10.2	64	8.09	61	9.1	39	6.6

Compared with 1928 the percentage of sub-nutrition has fallen from 9.4 to 7.8, and of bad nutrition from 0.4 to 0.08. These figures indicate that relatively the amount of sub-nutrition is not high, and what does occur is only for the most part moderate in degree and severe cases of malnutrition are very few in number. At the same time the percentage indicates that there must be quite 650 children in the elementary schools whose nutrition is not quite satisfactory. I had hoped during the year to set up a special investigation into the probable causes of cases of malnutrition discovered at medical inspection, but the pressure of work prevented this being carried out.

CLEANLINESS.**A. Cleanliness of the Head.**

The heads of the children were examined for the presence of pediculi (lice), and for the ova of pediculi (nits), and the following table gives the percentage with either or both :—

**PERCENTAGE OF CHILDREN FOUND WITH DIRTY HEADS
IN 1928 AND 1929.**

GROUP.	Boys.		Girls.	
	1929	1928	1929	1928
Entrants	1.96	1.60	12.59	15.23
Intermediates	1.42	1.34	17.31	19.60
Leavers	0.45	0.51	14.13	17.35
Total ..	1.23	1.11	15.1	17.29

These figures represent in actual numbers 323 children (24 Boys and 299 Girls).

**PERCENTAGE OF GIRLS WITH LIVING VERMIN IN THEIR
HEADS IN 1928 AND 1929.**

Group.	1929	1928
Entrants	0.38	0.21
Intermediates	0.37	0.32
Leavers	0.51	0.51
Total ..	0.42	0.40

In actual numbers only 8 girls and no boys had lice in their heads at the time of inspection.

B. Cleanliness of the Skin.

The following tables shew the condition of the body as regards cleanliness :—

DIRTY.

GROUP.	Boys.		Girls.	
	Number.	Percentage.	Number.	Percentage.
Entrants	2	0·39	—	—
Intermediates ..	5	0·64	5	0·63
Leavers	4	0·60	2	0·34

VERMINOUS.

GROUP.	Boys.		Girls.	
	Number.	Percentage.	Number.	Percentage.
Entrants	1	0·19	—	—
Intermediates ..	3	0·38	2	0·24
Leavers	1	0·15	1	0·17

There were 18 children (11 boys and 7 girls), 0·42 per cent. with dirty bodies as compared with 0·39 per cent. in 1928.

Verminous condition of the body and clothing was found in 8 children (5 boys and 3 girls) or 0·20 per cent. as compared with 0·23 per cent. in 1928.

RESULTS OF ROUTINE INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined.. .. 7,665 (3,835 boys and 3,830 girls)

Number with Dirty Heads (Nits only and Nits and Vermin) 454 (5·9 per cent.)

Number of Boys with Dirty Heads 39 (1·01 „)

Number of Girls with Dirty Heads 415 (10·8 „)

Number with Nits only 436 (5·6 „)

Number of Boys with Nits only	33 (0.86 per cent.)
Number of Girls with Nits only	403 (10.5 „)
Number with Vermin in Head	18 (2.3 „)
Number of Boys with Vermin in Head ..	6 (0.15 „)
Number of Girls with Vermin in Head ..	12 (0.31 „)
Number with Verminous Clothing	3 (0.03 „)
Number with Dirty Clothing	17 (0.22 „)
Number with Dirty Bodies	19 (0.24 „)
Number with Dilapidated Clothing or Boots ..	150 (1.9 „)
Number wearing Clogs	12 (0.15 „)

Compared with 1928, the percentage of children found with dirty heads at medical inspection was slightly higher amongst the boys, but 2 per cent. lower amongst the girls. The percentage of girls with living vermin in the head was about the same in both years, namely less than half per cent. At the Cleanliness Survey, the percentage of all children with dirty bodies was about the same as last year, namely 6 per cent., but the percentage of girls with living vermin in the head was reduced from 0.87 to 0.31.

CONDITION OF THE TEETH.

	Total.	Boys.	Girls.	Percent- age.
Number of Entrants with Sound Sets	193	99	94	18.7
Number of Intermediates with Sound Sets	176	101	75	11.2
Number of Leavers with Sound Sets ..	334	152	182	25.0
Total with Sound Sets	703	352	351	18.3
Number of Entrants with Poor Teeth (one or more teeth carious)	273	143	130	26.4
Number of Intermediates with Poor Teeth	471	239	232	30.1
Number of Leavers with Poor Teeth ..	609	297	312	48.6
Total with Poor Teeth	1353	679	674	35.2
Number of Entrants with Bad Teeth (three or more carious)	566	291	275	54.9
Number of Intermediates with Bad Teeth	917	456	461	57.9
Number of Leavers with Bad Teeth ..	309	168	141	23.9
Total with Bad Teeth	1792	915	877	46.5

	Total.	Boys.	Girls.	Percent- age.
Number of Entrants with Dirty Teeth	583	299	284	56.5
Number of Intermediates with Dirty Teeth	831	426	405	52.9
Number of Leavers with Dirty Teeth	543	297	246	43.3
Total with Dirty Teeth ..	1957	1022	935	50.8

Compared with 1928, the condition of the teeth appears to be slightly improved, but only slightly.

CONDITION OF THE THROAT AND NOSE.

The following morbid affections of the Throat and Nose were found :—

Defect.	Total.	Entrants.	Intermed- iates.	Leavers.
Total Enlarged Tonsils ..	488	155	186	147
(a) Tonsils slightly enlarged	397	110	155	132
(b) Tonsils markedly enlarged	91	45	31	15
Total Enlarged Tonsils and Adenoids	244	88	101	55
(a) Slight	143	41	69	33
(b) Marked	101	47	32	22
Total with Adenoids only..	38	9	20	9
(a) Slight	23	5	14	4
(b) Marked	15	4	6	5
Other Throat and Nose Defects	30	7	19	4
Total ..	800	259	326	215

Of the above total 389 were boys and 411 girls. The total percentage with throat and nose defects was 20.7 per cent. as compared with 29.1 per cent. in 1928. The percentage amongst entrants was 27.3, amongst intermediates 20.8 and amongst leavers 17.1. The percentage with marked defects and definitely in need of surgical treatment was 5.1 per cent. as compared with 7.3 in 1928. The figures for 1929 therefore shew some improvement on those for the preceding year.

ENLARGED GLANDS.

221 children (5·7 per cent.) had enlarged submaxillary or cervical glands, 6·1 per cent. of the entrants, 7·1 per cent. of the intermediates and 4·7 per cent. of the leavers. The corresponding total percentage in 1928 was 7·6 per cent. These enlarged glands were in most instances the result of irritation from various foci, *e.g.*, septic teeth, eczema of the scalp, verminous heads, enlarged tonsils and adenoids. Of the 221 children with enlarged glands 123 were boys and 98 girls.

EXTERNAL EYE DISEASES.

160 children (4·1 per cent.) had external eye disease as compared with 2·4 per cent. in 1928. 27 had Blepharitis (12 being entrants), 8 had Conjunctivitis, 114 had Strabismus or Squint, and 9 had other external eye defects. The percentage of Strabismus was 4·9 amongst the entrants, 2·4 amongst the intermediates and 1·9 amongst the leavers. The percentage of Squint is unusually high, but the increase is probably not an actual increase, but due to the more vigilant examination of the children. Much more importance is now attached to this defect and greater efforts made to secure its defection and treatment.

VISION.

As usual the vision of the intermediates and the leavers was tested by means of Snellen's Type. In the case of infants, if there was any suspicion of defective vision or squint, they were noted for future examination. The following table gives the percentage of children suffering from defective vision. Poor vision included 6/12 in both eyes or 6/12 in one eye, and 6/18 in the other and bad vision anything over 6/12 in both eyes :—

Total with defective vision	.. 671 (299 boys and 372 girls)
	(23·8 per cent.).
Number with poor vision	.. 453 (208 boys and 245 girls)
	(16·08 per cent.).
Number with bad vision	.. 218 (91 boys and 127 girls)
	(7·7 per cent.).

193 children (83 boys and 110 girls) were wearing glasses, and in 151 instances the glasses were satisfactory, and in 42 instances unsatisfactory.

EAR DISEASE AND HEARING.

165 children (4·8 per cent. as compared with 5·5 per cent. in 1928) had defects or diseases of the ear, 51 being cases of otorrhoea or running ears, and 114 cases of obstruction of external meatus, by wax in most cases.

70 children (1.8 per cent.) as compared with 2.03 per cent. in 1928) had defective hearing, but in no case was the defect really bad.

SPEECH.

15 children (0.38 per cent.) had speech defects, 13 stammerers, and 2 with defective articulation (5 entrants, 6 intermediates and 4 leavers).

LUNGS.

380 children (9.8 per cent.) were affected with lung disease as compared with 7.6 per cent. in 1928.

319 children (8.2 per cent.) were affected with bronchitis.

Definite pulmonary tuberculosis was found in 3 boys and 1 girl (1 intermediate and 3 leavers) (0.07 per cent.).

Suspected pulmonary tuberculosis (or paratuberculosis) was found in 9 children. The definite and suspected cases taken together amounted to 0.31 per cent. as compared with 0.27 per cent. in 1928.

NON-PULMONARY TUBERCULOSIS.

There were 2 cases of non-pulmonary tuberculosis (1 boy intermediate and 1 boy leaver) or 0.05 per cent. noted amongst the children (1 of skin and 1 abdomen). The percentage in 1928 was 0.11.

MENTAL CONDITION.

Amongst the entrants 7 children (3 boys and 4 girls) (0.67 per cent.) were noted as dull and backward.

Amongst the intermediates 65 children (39 boys and 26 girls) (4.1 per cent.) were noted as dull and backward, and 8 children (3 boys and 5 girls) as mentally defective.

Amongst the leavers 25 children (14 boys and 11 girls) or 1.9 per cent. were noted as dull and backward, and 7 children (5 boys and 2 girls) as mentally defective.

The total percentage of dull and backward was 2.7, and of mental defectives 0.38, as compared with 1.7 and 0.35 per cent. respectively in 1928.

DISEASES OF THE NERVOUS SYSTEM.

12 cases of Epilepsy, 7 of Chorea and 39 cases with other affections of the nervous system were noted.

HEART DISEASE.

35 children (24 boys and 11 girls) 0·99 per cent. were affected with abnormal hearts.

27 (0·70 per cent.), 4 entrants, 10 intermediates and 13 leavers, were affected with organic disease as compared with 0·23 per cent. in 1928, the disease in the remaining 8 being functional in character.

62 children (1·6 per cent.), 27 boys and 35 girls, 18 entrants, 26 intermediates and 18 leavers were reported as anaemic.

RICKETS AND OTHER DEFORMITIES.

76 children (1·9 per cent.) were affected with rickets and other deformities. Of these 58 (1·5 per cent.) were affected with rickets, but the signs were only slight in 41 cases, moderately marked in 12 cases and marked in 5 cases.

Other deformities noted included Spinal Curvature 8 cases, Infantile Paralysis 6 cases, Congenital Club Foot 1 case, Amputation of Leg 1 case, Congenital absence of Forearm 1 case, Congenital absence of Tibia and Malformation of Foot 1 case.

CONTAGIOUS DISEASES.

There were 53 children (29 boys and 24 girls) found with contagious diseases, 1 with Ringworm of the Scalp, 3 with Scabies and 49 with impetigo.

The other skin diseases found included Seborrhoea 8 cases, Dermatitis 3 cases and Ichthyosis 1 case.

VACCINATION.

				Entrants.	Intermediates.	Leavers.
				Percentage.	Percentage.	Percentage.
Unvaccinated	..	..	..	43	41	32
One Scar	..	..	..	5	3	2
Two Scars	..	..	..	11	8	10
Three Scars	..	..	..	9	6	3
Four Scars	..	..	..	32	42	53

The above table shew that there were 43 per cent. entrants, 41 per cent. intermediates and 32 per cent. leavers unvaccinated.

OTHER DISEASES OR DEFECTS.

These included Constipation 12 cases, Enuresis 11 cases, Worms 7 cases, Diarrhoea 3 cases, Hernia 2 cases, Oedema 1 case, Boils 1 case and Appendicitis 1 case.

(B) SUPPLEMENTARY INSPECTION.

This includes children examined at the Inspection Clinic and in the schools, apart from the Routine Inspection. During the year 3,595 new cases were examined in this way, and the re-examinations amounted to 1,654, a total of 5,249 examinations.

6.—INFECTIOUS DISEASE.

The action taken for the detection and prevention of infectious and contagious disease was continued on the same lines as previously described.

During the year 491 cases of Measles, 113 cases of Whooping Cough, 177 cases of Scarlet Fever, 3 of Enteric Fever, 21 cases of Diphtheria, 110 cases of Chickenpox, 11 cases of Mumps, 67 cases of Ringworm, and 28 cases of Scabies were reported by the Teachers. No schools or classes were closed on account of infectious disease.

7.—FOLLOWING UP.

The following up of children found to be defective or in need of attention either at Routine or Supplementary Inspection is carried out by the School Nurses, and a summary of the results will be found in Table IV. (Group 1), at the end of the Report.

The particulars of children found defective by a Medical Officer or by the School Nurses themselves, are entered on a "following up" sheet, and the health visitors, after seeing the child again at school or home note the result of advice given, and return the sheet back to the medical officer. In the event of the result not being satisfactory, further action may then be taken. The results of following up are given under Section 8 of this Report.

The following is a statistical summary of the work done by the six School Nurses during 1929, in connection with the School Medical Service :—

Number of Visits to Schools (Routine)	184
Number of Special Visits to Schools	314
Number of Examinations in Schools <i>re</i> Cleanliness, condition of Clothing and Treatment ..	9,659
Number of Home Visits <i>re</i> Treatment	1,050
Number of Home Visits <i>re</i> Measles, Whooping Cough, and Non-notifiable Diseases	943

Number of Home Visits <i>re</i> Verminous and Neglected Children	124
Number of Home Visits for Other Purposes (including Supervision of Mental Defectives) ..	821

8.—MEDICAL TREATMENT.

When a child is found to be in need of treatment, the parents are informed accordingly. If one of the parents or a relative is present at the time of inspection, appropriate advice is then given; but in all cases the procedure of sending a printed notice as described in my Report for 1923 is carried out. This form gives the scale of charges for treatment at the School Clinic, the payment of these charges being on a voluntary basis. The parent is asked to return the form, stating thereon whether he desires the child to be treated at the Clinic or otherwise. The system appears to work satisfactorily. Most forms are returned; but if not, the Director of Education causes further inquiry to be made. The cases are also followed up by the School Nurses.

Altogether 3,958 children were reported for treatment during 1929, and it was found by the following up of the School Nurses that 3,269 (82·5 per cent.) received treatment. The corresponding percentage in 1928 was 79·9.

With regard to minor ailments, 1,361 children were referred for treatment, and 1,213 (89 per cent.) received treatment, 972 at the School Clinic and 241 otherwise. The percentage treated in 1928 was 87.

The great bulk of the cases of Ringworm were treated at the School Clinic on the system previously described. 12 cases received X-Ray treatment, and 8 Thallium Acetate treatment at the Clayton Hospital. 6 of the X-Ray cases were treated under the arrangements between the Education Committee and the Hospital.

Of Scabies or Itch we had 28 cases, and 26 of these were treated at the School Clinic and 2 otherwise.

Of Impetigo we had 372 cases, and 321 were treated at the School Clinic.

With regard to Otorrhoea or discharging ears 182 cases were discovered, and 152 were treated at the School Clinic.

Of Ophthalmia and Blepharitis (external inflammation of the eye) we had 176 cases, and of these 157 were treated at the School Clinic.

Defective Vision.

694 children were referred for treatment, and of these 463 (66·5 per cent.) were submitted to refraction testing, 444 at the Ophthalmic Clinic and 19 otherwise.

98 children failed to attend for refraction testing. At the end of the year 134 children remained on the waiting list of the Ophthalmic Clinic.

Spectacles were prescribed in respect of 395 children, and at the end of the year 337 (85·3 per cent.) had obtained spectacles and 58 had not.

In 129 necessitous cases spectacles were supplied free by the Education Committee, and in one case at half cost.

Diseases of the Throat and Nose.

449 children suffering from diseases of Nose and Throat, chiefly enlarged tonsils and adenoids, were referred for treatment. 73 received operative treatment (16·2 per cent.), and 113 received medical treatment (25·1 per cent.).

Tuberculosis.

Apart from the treatment by the private practitioner, the facilities for examination and treatment at the Tuberculosis Dispensary and Sanatorium are extended to children of school age. During 1929, 29 children between 5 and 14 years of age were referred to the Dispensary (15 by the School Medical Officers and 14 by private medical practitioners or otherwise), and of these 9 were found to be suffering from tuberculosis (2 from pulmonary, and 7 from non-pulmonary disease) whilst 20 were decided not to be tuberculous. At the end of the year 46 tuberculous children remained on the Dispensary Register (19 pulmonary and 27 non-pulmonary), but in a large proportion of these the disease had become quiescent or arrested. During the year 3 school children received Sanatorium treatment, but only one was admitted during the year.

With regard to non-pulmonary tuberculosis, treatment is provided at the local Hospital or Dispensary, whilst cases suitable for special residential hospital schools are sent by the Health Committee. At the end of 1929 there were 6 cases of non-pulmonary tuberculosis—all school children—in special institutions, 5 in Heatherwood Hospital, Ascot, and 1 at the Yorkshire Orthopaedic Hospital, Kirbymoorside. 1 was admitted in 1927, 4 in 1928, and 1 in 1929. During 1929, 7 cases were discharged from institutions, and one was transferred to the West Riding County Council because

the parents had removed from the City. The 7 cases discharged comprised 5 cases of hip disease, 1 of knee disease, and 1 of spinal disease, and the periods of treatment were 3 years 4 months, 2 years 5 months, 2 years 2 months, 2 years, 1 year 9 months, 1 year 2 months, and $4\frac{1}{2}$ months. In all cases the disease had become quiescent, but 6 of them were wearing surgical appliances.

SCHOOL CLINIC (ORDINARY).

The following table gives the number of Minor Ailments treated at the School Clinic during 1929 :—

Disease.	Number of Children Treated.			Number of Attendances at Clinic.
	Total.	Boys.	Girls.	
Ringworm of Scalp	21	15	6	} 1710
Ringworm of Skin	21	11	10	
Ophthalmia and other External Eye Disease	157	74	83	3690
Otorrhoea and other Ear Diseases	152	79	73	2975
Impetigo	321	171	150	3819
Scabies	26	10	16	527
Other Diseases	274	149	125	5192
Total.. ..	972	509	463	17913

The number of cases treated at the Clinic was 972 as compared with 744 in 1928, and the attendances were 91 more.

The average daily attendance of children for treatment at the Clinic was 67.

Under the system of voluntary payments for treatment at the Clinic, the sum of £1 4s. 6d. was obtained during the year.

OPHTHALMIC CLINIC.

By Dr. Frank Allardice.

During the year, the total attendances at the Ophthalmic Clinic were 779, of which 444 were new cases. In two of the latter, retinoscopic examination could not be carried out; in one because of mental defectiveness, and in the other, Blepharospasm. There therefore remain 442 children with reference to whom the retinoscopic findings can be tabulated.

It has been considered advantageous to record the refractions in terms of "eyes" rather than cases, for it is not uncommon to have refractive errors of different types in the eyes of one person. A further distinguishing feature in the record below is the division of astigmatisms into Simple and Compound; this gives increased accuracy to the figures. Strabismus is as usual classified as a separate defect, because all cases of squint examined had also a refractive error classified in one or other of the groups tabulated.

Emmetropia	..	..	..	..	39 eyes.
Hypermetropia	..	..	..	..	146 „
Myopia	..	..	..	..	55 „
Simple Hypermetropic Astigmatism	..				28 „
Compound Hypermetropic Astigmatism					437 „
Simple Myopic Astigmatism	..			..	14 „
Compound Myopic Astigmatism	..			..	91 „
Mixed Astigmatism	..	..	..	..	55 „
Defects other than Refractive Error	..				19 „
Total					.. 884 eyes.
Strabismus (classified as separate defect)					163 eyes.
					153 cases.

(10 cases of Strabismus were Alternating). 395 prescriptions for glasses were issued during the year.

The number of cases examined retinoscopically was 34 less than in 1928 (476 cases). There is general agreement in the relative frequency of the specified defects during both years. The only outstanding difference is in the number of cases of strabismus examined, for in 34 fewer retinoscopies there were 59 more cases of this defect. It was noted in last year's Report that a large proportion of children who did not attend the Ophthalmic Clinic on request were cases of strabismus, and the statement is borne out by this year's figures. Only 98 children were not brought for examination during the past year as compared with 170 in 1928,

and there is no evidence that, of that number, there was an undue proportion of cases of squint.

There is no doubt that the improvement in the percentage attendance was due to the introduction by the School Medical Officer of a completely revised scheme in connection with all branches of the School Medical Service in the City; a scheme which, in its application to the Ophthalmic Clinic made the following up of non-attenders more intensive. The parents doubtless formed the conclusion that their children's welfare was a matter of real concern to the Medical Department, for, in many cases, on being given a further opportunity of attending they readily complied.

There are still, however, too many cases of strabismus untreated during the early years of life and practically every week seriously neglected squints are seen at the Ophthalmic Clinic. The strongest line of argument must be used to induce the parents of squinting children to bring them for examination at the earliest possible age. A squinting eye (with the exception of cases of alternating squint, and that is a comparatively rare condition) must inevitably result in a more or less useless eye in adult life. It is of great economic importance that a person, because of a neglected squint, has only one eye to lose before he or she is reduced to an earning capacity of something in the region of zero.

Although there has been a slight improvement in the total number of attendances during 1929 (779 for 442 retinoscopies, as compared with 756 for 476 retinoscopies in 1928) it is still necessary to emphasise the need for attendance after procuring new glasses. The likelihood of a mistake in dispensing spectacles is remote, but the possibility must be kept in mind. Quite an unforeseen complication was exemplified recently, when a brother and sister, for whom glasses had been obtained at the same time, came to have their glasses verified. It was found that the boy was wearing his sister's glasses and *vice versa*, and this had been going on, following a mix-up within a few days of receiving their glasses. It may appear stupid, but it is a fact.

A proportion of children examined require to be seen oftener than the average case, and for that reason, a record has been kept of such. It was hoped to review these cases six-monthly, and although this was not entirely practicable, a concise grouping under ten headings allows easy access, and may become increasingly useful in the future. The following resume is given :—

- | | | | |
|----------------------------------|----|----|----------|
| 1. Disuse Amblyopia (marked) | .. | .. | 9 cases. |
| 2. External Eye Disease (marked) | .. | .. | 11 ,, |

3. Disease and Malformations of the Retina and Choroid	2 cases.
4. Opacities of Cornea, Lens and Vitreous	4 „
5. Refractive Error with Marked Symptoms	2 „
6. Marked Anisometropia with poor Binocular Vision.. .. .	2 „

Other three groups are included in the next section of the Report and cases of Strabismus were previously enumerated.

The examination of all cases found in the course of School Medical Inspection to have defective vision, was not completed at the end of the year, and 134 cases were carried forward to 1930.

It is fitting to note here that the work of the Ophthalmic Clinic has been greatly facilitated during the latter part of the year by the improvements in the furnishings of the Clinic. These have afforded better lighting, a more exact relationship between the eyes of observer and observed and suitable storage for Ophthalmic Instruments.

CASES OF VISUAL DEFECT REQUIRING SPECIAL CONSIDERATION.

The number of new cases coming under the heading was 34, which is an increase of 2 cases as compared with 1928 (32 cases). The table shews a total of 36 cases, but the two now categorised under Educational Blindness were noted in one or other of the remaining groups last year.

Two of the cases of High Myopia are entered as being suitable for education in an ordinary Elementary School, one because the child is nearing the leaving age, and the other because of the comparatively stationary quality of the defect.

It is still a matter for regret that there is no suitable School or Class in the City for sufferers from High Myopia. "Sufferer" is used advisedly, because this progressive condition is, according to the best authorities on the subject, a disease. The prescription of glasses for the High Myope is not enough; indeed it only touches the fringe of treatment. To render the vision more or less normal with correcting lenses and then allow the child to study under those conditions, which, if they did not initiate the condition, certainly conduced to its rapid progress, would appear to be but palliative measures or even less. The glasses are important in a way, but the school environment and the special teaching methods far outweigh the temporary correction of the refractive error.

The 16 "other cases" include two in which Strumous Ophthalmia has caused marked opacities in the pupils of the eyes. Both cases are eminently suitable for an Open Air School, as is also one of the cases of High Myopia, where the child in question has a Chronic Empyema, though this is at present healed. A case of Mental Defectiveness occurred in the series. An educationally blind child was admitted to an Institution for the Blind during the year.

Category.	No. of cases occurring.	No. of cases suitable for special class.	No. of cases suitable for an Institution for the Blind.	No. of cases suitable mean- time for obser- vation at an ordinary school.
1. Educationally Blind ..	2	—	2	—
2. Marked Visual Defect ..	1	1	—	—
3. High Myopia	10	7	1	2
4. Other Cases of Myopia ..	7	3	—	4
5. All other cases	16	2	—	14
Totals ..	36	13	3	20

FRANK ALLARDICE.

DENTAL CLINIC.

REPORT OF THE SCHOOL DENTIST.

I herewith submit my Report of the working of the School Dental Clinic for 1929.

The previous Report for 1928 was only in respect of Clinic work done from November 19th, and examinations from October 2nd to the end of the year, whereas this represents one full year's work. The following, therefore, may be taken for all practical purposes as the initial Report.

The state of the teeth of the school children in Wakefield is deplorable. The examinations at the schools reveal that no less than 73 out of every hundred require treatment. When it is taken into account that of all children examined, nearly one quarter were under seven years old, then this figure of 73 per cent. requiring treatment acquires an even larger aspect since one normally finds

a big number of children requiring no treatment in these younger age groups.

A certain amount of prejudice existed at first against the School Dental Service. Indeed I found this to be one of the main factors indicating against a good percentage of acceptances for treatment. This has been combated, and I think, successfully. The presence of the parent at the school at the time of the examination is welcome on account of the opportunity thus afforded for explaining why the proposed treatment is necessary. It is astonishing how many parents never trouble to look into the child's mouth unless there is pain. Many are genuinely surprised when I point out teeth to them—both temporary and permanent—decayed beyond any possible hope of repair. A condition—too frequently found—is that where the teeth are erupting with the milk teeth or the decayed roots of the milk teeth still in position. The result is that these second teeth are erupting in any position but the correct one. Quite frequently too these small pieces of decayed milk teeth are so loose that a push with the finger is enough to remove them. In some cases where treatment is advised it is left to the child to decide whether this shall be carried out or not. Comment is inadequate on such a parental attitude. In a few cases where the child has attended the Clinic the parent has refused to allow any filling work to be done. I have pointed out that the tooth is a permanent one, that filling is quite a simple and painless operation which will save the tooth for many years, and that unless it is filled extraction of this permanent tooth will be necessary in a short time, but to no purpose. There is generally a history of some unfortunate experience in connection with fillings to account for this rooted objection. In other words the crate is condemned because one egg is bad.

Different authorities put forward varying theories to account for the high incidence of dental caries not only in school children, but among all classes of the community in this Country. The remedies put forward are equally various. Some would have us banish this or that from the diet and others would have us radically change the average diet altogether. All are however, agreed on one point—namely that the personal hygiene of the mouth must be commenced at an early age and regularly kept up to ensure an efficient dentition in later life. I have found during the year's examinations at the schools that many children have not a toothbrush whilst in a few cases there certainly is one but it seems to be a communal rather than a personal article. I would suggest that a supply of toothbrushes be obtained for the Dental Clinic, and that these be sold to parents attending with children (and desiring them)

at a small price to cover the actual cost. I think this would be much more effective than merely advising the parent to purchase one. The brushes should be small enough to reach every part of the child's mouth without difficulty, and should also be the correct shape. This latter is most important. There are many toothbrushes now being sold whose shape alone makes proper tooth cleansing not only difficult, but well nigh impossible. I think such a scheme would be conducive to getting the co-operation of the parent and the co-operation of the parent in school dentistry is a most important factor. Once the child has had the necessary treatment completed, anything from nine months to a year elapses before the next examination and unless the parent sees to it that the teeth are regularly brushed much good work may be wasted. Teeth which had been filled would probably have commenced to decay at some fresh point, and other teeth become infected also. Once the child has been made dentally sound the parent can do much better work than any school dentist.

General anaesthetic sessions were started early in the year, and have proved most successful. The anaesthetic used is nitrous oxide (gas) plus ethyl chloride, and a morning a week has been devoted to this type of work. I should like to place on record my appreciation of the great help given me by Dr. Allardice, who administered the anaesthetics. A total of 259 children were treated in this way, and in no case did any child complain of having felt any pain. The numbers attending on "gas" mornings have been consistently good, and requests from the parent for the child to have gas are now common.

The percentage of acceptances for treatment from the various schools in the City has been satisfactory. I can of course make no comparison with previous years, but I believe this percentage is capable of considerable expansion, and I hope to show such an expansion for next year. During 1929 I examined 5,908 children at the schools, and of these 4,339 were found to require treatment giving a percentage of 73.4.

The total number of attendances for treatment at the Clinic was 2,614 whilst the actual number of children treated was 1,641, and of this last figure 69 were children re-treated during the year as a result of the periodic examinations.

I am glad of the opportunity of expressing here my thanks to the Head Teachers and their Staff for the unfailing courtesy and help accorded in my visits to their schools which has done much to make the work pleasant.

The detailed figures for the year will be found on another page. The amount paid by parents for services at the Clinic was £49 15s. 3d.

J NOEL MOXON.

9.—OPEN-AIR EDUCATION.

The provision of open-air education is limited to the occasional use of the playgrounds for classes during fine weather in summer time. The scheme for the provision of an Open-Air School is still under consideration, and I hope that in the next Report your Medical Officer will be able to record substantial progress towards getting this much needed school.

During the summer holidays the Social Service Council sent 118 school children to a Camp at High Flatts on Penistone Moors for a week. These children were selected by the teachers and school nurses as being specially in need of a holiday which they would not otherwise get, and were passed as suitable by the medical officer. The holiday was a great pleasure to the children and no doubt benefited their health.

10.—PHYSICAL TRAINING.

No further progress was made during 1929, but the establishment of an Orthopaedic Clinic early in 1930, has now provided facilities for re-medical exercises. There is, however, still a need for a supervisor of Physical Training in the Elementary Schools.

11.—PROVISION OF MEALS.

No meals have been supplied by the Education Authority during the year, but in some of the schools the teachers have been supplying milk at cost prices to children. At the time of writing the Education Committee has approved a Milk Supply Scheme for children in Infant Schools, where the parents wish to avail themselves of it.

12.—SCHOOL BATHS.

Except for the provision of facilities for swimming at the Public Baths, there are no school baths in the City. The provision cannot be considered adequate.

13.—CO-OPERATION OF PARENTS.

Parents are notified of the time when their children will be examined under routine inspection, and their presence is invited.

During 1929, 68 per cent. of the parents, generally the mother, responded to this invitation, as compared with 69 per cent. in 1928.

14.—CO-OPERATION OF TEACHERS.

We continue to get the greatest help and co-operation from the teachers in every branch of school work, and this help always ungrudgingly given, has contributed materially to the efficiency of the School Medical work.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The co-operation of the Attendance Officers with the school work is close, active and invaluable. They send many children to the School Clinic, and they also assist in securing medical or other treatment, when other means have failed. Their help in securing the cleansing of verminous children has been particularly useful.

16.—CO-OPERATION BY VOLUNTARY BODIES.

The two Societies that afford most help in connection with School Medical Work are the Wakefield Social Service Council and the National Society for the Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character, and also in supplying recommendations for the Hospital. Cases of apparently wilful neglect are referred to the latter Society for investigation and any necessary action. The Mayor's Boot Fund has also done a most useful work, and during 1929 supplied 692 pairs of boots to necessitous children. I am sure that many an illness has been prevented by the timely supply of a pair of good watertight boots.

17.—BLIND, DEAF, EPILEPTIC AND MENTALLY DEFECTIVE CHILDREN.

For the ascertainment of any children who may come within the above categories, we rely (1) on medical inspection, and (2) on the assistance of the teachers, school nurses, and attendance officers who refer cases for medical examinations. When a child is found definitely to be defective, the particulars are fully entered on one of the Board's Report Forms which is sent to the Director of Education, along with any necessary recommendation, a brief statement is entered on a Special Card, the case is entered on a Special Register, and also put on the following up list of the school nurses. The school nurses have also special cards for mental defectives, and these cards with the notes of the nurse on each visit she makes, are periodically submitted to the Medical Officer.

(a) Blind Children.

At the end of the year there were 8 children (3 boys and 5 girls) in Residential Blind Schools, and 2 partially blind attending

ordinary schools. One girl and 1 boy were at no school or institution at the end of the year.

(b) Deaf and Dumb.

There were 8 deaf and dumb children (1 boy and 7 girls), 6 in Residential Special Schools and 2 at no school or institution.

(c) Epileptic Children.

There are 20 epileptic children (13 boys and 7 girls) on the Register. 1 was in a Special Residential School, 13 were attending the ordinary schools, and 6 were not attending school.

(d) MENTAL DEFICIENCY.

By Dr. Frank Allardice.

At the end of the year there were 75 mentally defective (feeble-minded) children between the ages of 7 and 16 years (39 boys and 36 girls) on the Register. Of these, 57 were attending ordinary schools and 18 were not attending any school. 15 new cases were certified during the year, and 8 were taken off the Register, 6 as having attained the age of 16 years, and 2 because of having left the City. Of the 6 who had attained the age of 16 years, 2 were placed under voluntary supervision by the Mental Deficiency Authority, 2 left the City and 2 were not placed under supervision. 5 cases (2 girls and 3 boys) were notified to the local Mental Deficiency Authority as Imbeciles under the Mental Deficiency Act, 1927. 3 of these were primary certifications as Imbeciles, and 2 were previously certified feeble-minded under the Education Act, 1921 (Part V., Section 55). There is no local Special School for Mentally Defective children and there are no children in Residential Schools. It has been found quite impossible to obtain places in Residential Schools.

There were 50 children examined with a view to ascertaining whether or not they were certifiable as mental defectives. 32 were classified "Dull" or "Backward," and 18 were certified Mentally Defective, 15 under the Education Act, 1921, and 3 under the Mental Deficiency Act, 1927. The classification of the 18 cases was :—

Idiots—Nil.

Imbeciles { Low Grade—2 (1 case of Mongolism).
High Grade—1.

Mental Defectives { Low Grade—5.
High Grade—2.
Others—8.

Of the 15 educable Mental Defectives, 11 were recommended for a Residential School, and 4 for a Day School. (This would require revision if there were a suitable local Special School for Mentally Defective Children).

I. Co-existing nervous and/or Physical Defects were :—

- (a) Congenital spastic paralysis (Little's Disease)—1 Case.
- (b) Infantile paralysis—1 Case.
- (c) Neurosis—2 Cases.
- (d) Epilepsy (Major)—1 Case.

II. The general physical examination of the cases is summarised as follows :—

(1) Defective vision (including strabismus)	..	6 cases.
(2) Nystagmus .. .. .	..	2 „
(3) External Eye Disease .. ..	..	1 case.
(4) Congenital Cataract .. ..	..	1 „
(5) Deafness (partial) .. .. .	..	5 cases.
(6) Defective Speech (Articulatory) ..	..	7 „
(7) „ „ (Lalling) .. ..	..	1 case.
(8) „ „ (Stammering) .. ..	..	1 case.
(9) Enlarged Tonsils .. .. .	..	2 cases.
(10) Adenoids .. .. .	..	2 „
(11) Mouth-breathing .. .. .	..	6 „
(12) Enlarged cervical glands .. ..	..	3 „
(13) Nasal Catarrh .. .. .	..	2 „
(14) Chronic Bronchitis .. .. .	..	2 „
(15) Rickets .. .. .	..	4 „
(16) Poor Nutrition .. .. .	..	3 „
(17) Evidence of general neglect at home ..	..	2 „
(18) Congenital heart disease .. ..	..	1 case.
(19) Defects of motor mechanism .. ..	..	2 cases.
(20) Hypothyroidism .. .. .	..	1 case.
(21) Nocturnal Enuresis .. .. .	..	2 cases.
(22) Congenital Syphilis .. .. .	..	1 case.

III. Condition of Home Surroundings :—

- (1) Good 8 cases.
- (2) Fair 4 „
- (3) Unsatisfactory 6 „

IV. Family History :—

Definite information was elicited as shown below, but it is well to remember that the natural reticence to admit any taint is very great and as a result, even with judicious

indirect questions, an under-statement of fact is more than likely.

(1) Mental Defect	..	..	3 cases.
(2) Insanity	..	..	1 case.
(3) Alcoholism	..	..	1 „
(4) Epilepsy	..	..	1 „

V. Mentality of parent or other near relative accompanying child at time of special examination :—

(1) Above average	..	..	None.
(2) Average	..	..	9 cases.
(3) Below average	..	..	6 „
(4) Definitely defective	..	..	3 „

VI. Information received from parents of whatever grade of mentality at the time of examining the child is practically useless. It may be that in many cases a mother refuses to consider her child even backward, but the protective instinct of motherhood probably accounts for much of the difficulty in eliciting facts which might, in the mother's opinion, be derogatory to the child as well as being a kind of reflection on her as a mother. For example, in the case of an Imbecile with an Intelligence Quotient of 35 per cent., the mother stated that the child walked at 11 months, talked at 15 months, and was cleanly in habits at 18 months. Similarly, in trying to obtain facts with reference to truthfulness, honesty, etc., untruthfulness was admitted in 3 cases, dishonesty in 1 case, and sex perversion in 1 case. All of these are almost certainly under-estimations of the several specified types of perverted conduct in mentally defective children.

VII. Response of the child to School and Home Environment :—
(Interrogation of the child).

Of 14 children questioned as to School Environment, 9 said they were happy at School, 3 were unhappy, and 2 were indifferent. In 11 of the 14 cases, the answer was in keeping with the general impression gained during the remarks of the children. 18 children were similarly questioned with regard to their homes; 15 were happy, 2 indifferent and 1 was unhappy. All the answers were borne out by observation of the children. The unhappy child had been rescued from an appalling home, and was being very well cared for in one of the Scattered Homes of the Board of Guardians, thus apparently living in uncomfortable comfort.

VIII. The conduct and personality of the children examined showed that :—

- (a) 7 were facile.
- (b) 5 were passive.
- (c) 5 were sullen and morose.
- (d) 1 was wilful.

IX. In submitting the intelligence of the 18 cases to tests, the Stanford Revision (Terman) of the Binet-Simon "Measurement of Intelligence" was used throughout. One or two interesting points emerged consistently during the investigation of intelligence. "Dull" or "Backward," particularly the latter, children reacted so that there was a more or less gradual fading of the number of correct answers under the different progressive age groups, whereas the fall in the number of correct answers as the tests became more difficult was rapid in the case of Mentally Defective and border-line children. Further, it was unusual to have a haphazard arrangement of correct answers in non-certifiable children, whereas it was almost the rule to have such in certifiable cases. This may be due to the fact that even in one age-group of Intelligence Tests there is not a uniform call on the functions of mind in each individual test; one test may exercise memory particularly, another imagination, and so on, and one is inclined to think that this reaction of the mentally defective child to Intelligence Tests is simply a particularisation of a general lack of continuity of mental processes. Unexpected answers sometimes came bobbing up while questions of no greater difficulty produced only a profound silence.

It may be of interest to note a few difficulties which were experienced in applying the Intelligence Tests :—

1. Test No. 5 (4-year olds) :—A large proportion of children tested had difficulty in understanding "ought," and it was found advantageous to substitute "should."
2. Test No. 6 (4-year olds) :—"Have finished" was found more suitable than "am through," and was therefore used. Probably in Scotland the opposite would obtain.
3. Test No. 2 (5-year olds) :—The colour "red" on the standard chart was repeatedly called "brown." I did not regard that as a mistake for there is certainly a suggestion of brown in the colour.

4. Test No. 4 (5-year olds):—This test appeared to be more difficult than the others for that age-group. Children who answered all the other 5 tests readily repeatedly failed in this particular one. Binet originally placed the test in the 6-year old group.
5. Test No. 2 (6-year olds):—It would probably be an advantage to begin with the third picture (nose missed out) instead of the first (eye missed out), which appears to be the second most difficult in the series. Children tended to scrutinise the periphery of an examination object first, and later the enclosed features. When no fault was found with the periphery of the first picture, a state of “alarm” ensued and attention wavered, with the result that no further critical observation was made.
6. Test No. 6 (6-year olds):—The word “vacation” is used in the text, but the substitution of “holiday” was found useful. “Vacation” did not seem to be grasped readily by 7-year old children (minimum testing age). The number of syllables is unchanged.
7. Test No. 1 (7-year olds):—The answer was not uncommon that the child had 4 fingers on his hand. Apparently one method of teaching is that there are 4 fingers and a thumb on each hand. It was considered advisable to alter the form of the standard questions very slightly thus “How many fingers have you **altogether** on one hand?” and “How many **altogether** on the other hand?”
8. Test No. 1 (8-year olds):—This test was almost uniformly badly carried out and the instruction language probably played a part in the poverty of the results. “..... mark out a path” is misleading, and too technical for a child of 8 years; similarly “..... and show me what path you would take.” Several children have told me “that is all the path there is” when asked in the prescribed manner to continue.

OBSERVATIONS ON MENTAL DEFECTIVENESS.

That the problem of the Mental Defective, from the educational as well as from the social point of view, is receiving increasing attention is evidenced by the very comprehensive Report published during the year by a specially appointed Mental Deficiency Committee, which began its far-reaching investigation in 1924. Literature on all aspects of Mental Defect is fast accumulating and legislation is altering materially. A growing practical sympathy for the unfortunate is inseparably coupled with a widening discernment of administrative methods. The recommendations of

the Mental Deficiency Committee will be discussed later, but broadly, they may be said to attempt, so far as children are concerned, to remove if possible the humiliating stigma of certification, and to afford ample opportunity for mentally defective children to accommodate themselves to an environment as normal as may be.

It is commonly thought by the "man in the street" that a person is either "all there" or "not all there." Such a conception is wholly unscientific, for investigation shows that there are innumerable gradations from the ordinary well-balanced mentally-alert person to the idiot. Nature has no water-tight compartments in her universe; all her mutations are gentle and gradual, one recognisable type passing almost imperceptibly into another differing grade. For purposes of administration, however, grouping within certain so-called limits is essential, but we must remind ourselves from time to time that these limits are totally artificial, and subject to the elastic variability of personal interpretation.

Legally, Mental Deficiency has been defined in the Education Act, 1921, and the Mental Deficiency Act, 1927, as follows :—

Education Act, Part V., Section 55, defines mentally defective (feeble-minded) children as those who "not being imbeciles and not being merely dull or backward are by reason of mental defect incapable of receiving proper benefit from the instruction in the ordinary elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in special classes or schools."

The Mental Deficiency Act, 1927, Section I., defines feeble-minded children as "persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or, in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools."

It is obvious that a child may thus be mentally defective within the meaning of the Education Act, 1921, without being certifiable under the Mental Deficiency Act, 1927, or, in other words, a person who is certified educationally defective may become a useful citizen later, requiring no external supervision in his adaptation to the normal environment of his fellows. This type of child is intended by the Committee to benefit materially from their recommendation to limit certification to the "idiot" and

“ imbecile ” grades, and to such as are mentally defective in the social interpretation.

We may, with benefit, enquire briefly at this juncture into the nature and incidence of Mental Defectiveness. The condition is one of incomplete mental development, due to some cause or another. There is now substantial evidence that the defect is actually present from the earliest development of the individual, that is, it is an inherent germ plasm defect. It was long contended that germ plasm, because of its direct continuity through a species, was immutable, since successive generations of germ cells were the direct descendants of other germ cells and not manufactured *ab initio* by the new mature individual. Scientific investigation and careful records of family histories have now proved conclusively that germ plasm is liable to vitiation by adverse factors, and that the degree of degenerative change has a fairly constant relation to the type of new individual produced. Careful observers have estimated that 80 per cent. of mentally defective children have a neuropathic inheritance, which means that the germ plasm which initiated the growth of the new individual was already swayed towards the abnormal from one cause or another. It must be remembered, however, that if there is only a neuropathic factor in one parent, while the other has been handed undamaged down the ages, the tendency will be for the child to be normal. But, strangely enough, there appears to be a system of “ carriers ” in Mental Deficiency, for if the normal person with a neuropathic inheritance marries a neuropath, the offspring is quite likely to be defective in one way or another.

Even if the germ plasm is not inherently defective from vitiation through successive generations, environment at the time of conception and during development of the new individual is important. Tredgold gives examples of the importance of alcohol in the production of mentally defective children and cites a striking case where the mother of a child acquired an almost insatiable craving for alcohol early in pregnancy and indulged liberally. The child was born mentally defective. It may be contended that a neuropathic diathesis was responsible for this addiction, and was *per se* sufficient to explain the condition of the child, but Tredgold goes on to tell us that the mother's conduct became quite normal before the next pregnancy, and remained so, and all the subsequent children were normal. Tuberculosis is also considered important in the production of mentally defective children. Syphilis appears to be relatively unimportant, a little over two per cent. of mentally defective children being born of syphilitic parents. Consanguinity is frequently stated to account for much mental defectiveness, but it appears that such a history

is only elicited in about five per cent. of cases, and in these, neuropathic inheritance is probably the dominating factor rather than the close relationship. The age of the parents is probably only important in the case of the mother; children born near either limit of the reproductive phase appear to be more likely to be mentally defective than those born in the intermediate period.

Incidental abnormalities of the mother's health during gestation are sometimes given in explanation of the occurrence of mental deficiency, but while such certainly create a temporarily abnormal environment for the developing child, there is nearly always evidence of a co-existing neuropathic inheritance. Illegitimacy is not a direct cause of mental deficiency, but the anxiety of an unmarried mother may serve to accentuate an existing bias and make mental defectiveness more likely in the offspring.

Factors operating during and after birth have been variously assessed, but unless in cases where there is gross traumatic injury to the brain, they are probably all unimportant, if there is not already present an inherited neuropathic tendency, whose end-results may then be precipitated or accentuated. Convulsions are often said to have preceded mental defectiveness, but they are probably the evidence rather than the cause of the defect which becomes easily recognisable later.

It would require much space to discuss the psychology of mental deficiency, but one or two of the more obvious points may be interesting. When we see a mentally defective person, the first impression is that he lives in a different universe from ours. We cannot project ourselves into the experiences; there is a partition between us. Analysis of this shows that the life of the mental defective of easily recognisable degree is really a series of episodes rather than a continuous whole and even if we were successful in temporarily harmonising with his reaction to environment, he would be off at a tangent before we knew. If he creates any emotional tone round an object of attention, it is of so fleeting a quality that a new percept rapidly gains the field only to be ousted in turn with little delay. Attention, then, is very defective, with the result that association must also be of a low order. These in turn render perception and memory very defective. The more involved processes of mind are built up from the simpler ones such as those mentioned, and with serious short-comings in the basic activities there must of necessity be an increasingly obvious defect in those qualities of mind whose relative development divides us into the many recognisable mental grades.

The obvious need for studying mental deficiency is brought home with some force when we remember that at least 8 children out of every 1,000 of our school population are mentally defective, and from ten per cent. to twelve per cent. of children attending ordinary elementary schools are classifiable as dull or backward. Nor is the distribution a uniform one, as is pointed out in the report of the Mental Deficiency Committee, viz. :—"..... In the case of feeble-mindedness there are great differences of incidence in different schools and villages and in different parts of the same town. The largest proportion of feeble-minded children generally in the slum areas and in the villages with the largest number of adult defectives there were generally found to be correspondingly large numbers of feeble-minded children. There were thus what appeared to be certain clearly marked geographical foci of mental deficiency." There is reason to believe that mental defectiveness is only part of a great social and economic problem, having as its focus the sub-normal or submerged group of a given community. But it must not be presumed that though in general, chronic pauperism and slum environment are closely connected with a high incidence of mental defectiveness, poverty and associated privations are necessarily casual factors in the production of mental defect any more than they are necessarily primary factors in the incidence of Tuberculosis. The apparent cause and effect are difficult to disentangle and assuredly mental defectiveness will make for poverty just as prolonged physical incapacity will. The total number of mentally defective children in the whole of England and Wales is given as 105,000 in the Report of the Mental Deficiency Committee.

Interest in the mental defective is apt to divert out attention from his slightly more fortunate brothers, the "dull" and "backward" children. But they are nevertheless tremendously important from the educational point of view, constituting as they do, a considerable percentage of the school population and distributed in classes too large for any intensive effort in the way of individual instruction. The terms "dull" and "backward" are not synonymous, the dull child being more akin to the mental defective in that there is inherent retardation of mental processes of a permanent kind, whereas the backwardness in children is acquired and remediable. It will be seen presently that the methods of dealing with these two types are essentially different.

There is yet another type, perhaps less recognised, but still quite definite; it is instanced in the child with delayed mental development, but who eventually may attain to a level much above the average. Tredgold mentions Sheridan, Isaac Newton

and Walter Scott, as having belonged to this category. He says of Sheridan that he "is reported to have left Harrow with the character of an "impenetrable dunce" who wrote 'think' for 'thing.'"

We have, then, in our school population a heterogeneous collection of all grades of mentality and the onus of educating them so far as their mental powers will permit of being educated, lies with the local Education Authority. In an effort to unravel to some extent the difficult problem of how this is to be done, the Mental Deficiency Committee have set down various recommendations purported to ensure such graded modifications in school curricula as to cater for all who are educable within the meaning of the Education Act, 1921. A further elaboration of schemes to deal efficiently with those feeble-minded children who come under the care of the local Mental Deficiency Authority is arranged. The two schemes, intrinsically one in continuity, necessarily demand the closest co-operation between the two Authorities. It is recommended in the Report that all educable mental defectives between the ages of 7 and 16 should be under the supervision of the local Education Authority, and only children certifiable as uneducable or who, being educable, require admission to a residential school or institution for some reason or other, should be notified to and supervised by the local Mental Deficiency Authority. All educable mental defectives and all dull or backward children should together form one large inclusive group designated "Retarded." Certification under the Education Act should be an unnecessary preliminary to the provision of suitable educational facilities. It is contended that notification instead of actual certification would remove what may be considered an undesirable stigma, but the abolition of certification would not make the duties of ascertaining, classifying and providing suitable education less obligatory.

The Report further points out that just as in accordance with the Hadow Report, there is a tendency in modern educational administration to re-distribute normal children at the age of 11, so would it be a convenient arrangement in the case of mental defectives and dull and backward children. Up to this age, the "retarded" child should attend an ordinary elementary school, and no hardship would be experienced by the pupil himself or by other members of the particular class to which he was allotted in accordance with his mental age. In the large schools it should be possible to have separate classes for retarded children and in large towns the retarded group might be sub-divided into "more" and "less" retarded. In this case, the "less" would be relegated to special classes in ordinary schools, while the "more" would be

suitably provided for in special complete Junior Departments on the lines of the present Special Schools. A similar senior department could be established for the "more" retarded portion of children over 11 years.

Children under 11 years who are notifiable to the Local Mental Deficiency Authority, that is, "idiots" and "imbeciles" and those feeble-minded children who require care, supervision and control, would be educated by the Local Education Authority at suitable Centres or other training schools in return for payment by the Local Mental Deficiency Authority.

At the age of 11 plus, there would be a general survey of all retarded children, including medical and psychological examination in order to separate them into suitable post-primary grades. Certain children would now require certification because they have failed to make any appreciable educational progress, and also require care and control. These would be certified under the Mental Deficiency Act and their supervision, including the provision of suitable education and training, would rest entirely with the local Mental Deficiency Authority. This Authority would now either themselves provide the training facilities necessary or by agreement with the Local Education Authority pay that Authority for undertaking the further education of those children. Since it would be the **duty** of the Local Education Authority to make provision for children under 11 who were notified to the Local Mental Deficiency Authority, the existing scheme would only require extension in order to deal with older children at the **request** of, and in return for payment by the Local Mental Deficiency Authority.

So far we have been dealing with Day Schools and Centres, but there will of course be children whose mentality or social qualities or environment will necessitate their admission to Residential Institutions or Colonies. The Local Mental Deficiency Authority should provide these, except where Boarding Schools might meet the needs of children who are unlikely to require permanent care and control; the latter should be maintained by the Local Education Authority.

The Mental Deficiency Committee point out in their Report that "It must be admitted that our present attitude towards the "mental defective is altogether too passive, or merely repressive," but "There is every reason to hope, however, that comprehensive "schemes for the segregation and socialisation of defectives will "not only lighten the burden which mental deficiency imposes

“ upon the nation, but will be far less costly than our present
“ neglect of the mentally defective.”

In order that none should be misled into thinking that the institutionalising of lower grade mental defectives is simply a means of removing them from society for society's benefit, the following extracts from the Report are quoted :—

“ Perhaps the first lesson to be learnt from up-to-date
“ institutions and one which it is important that the public
“ should know and appreciate is that, contrary to what is
“ frequently supposed by those who have no knowledge of them,
“ they are happy places for those defectives who are fortunate
“ enough to get into them. This happiness is certain for those
“ who are admitted while still children, but it is true that
“ contentment, happiness and even obedience do not come so
“ easily to those defectives whom society has failed to rescue
“ until their outlook and nature have been impaired by bad
“ associations, evil doings, and unrestricted licence.”

“ In the institution they have the feeling that
“ they are as capable as, or even a little more capable than their
“ neighbour. Outside, there is the constant feeling of inferiority.”

“ One of the chief causes of happiness or unhappiness is the
“ opinion of the herd on the individual member of it. A defective
“ in the outside world is never allowed to believe in himself; he
“ has perpetual past failure to discourage him.”

F. ALLARDICE.

18.—NURSERY SCHOOLS.

There are no nursery schools in Wakefield, but in some of the Infant Schools, Classes on nursery school lines are carried on. I have already recommended the establishment of nursery schools, and recently the Board of Education has circularised Education Authorities on the subject.

SECONDARY SCHOOL INSPECTION.

During the year medical inspection was carried out at the two Municipal Secondary Schools at Thornes House. 251 children (151 boys and 100 girls) were subjected to a complete medical inspection and the remainder were partially examined.

The following are some particulars obtained at the Routine Inspection :—

HEIGHTS OF SECONDARY SCHOOL CHILDREN.

Age Group.	Boys.			Girls.		
	Average Height.			Average Height.		
Years.	English System. Ft. Ins.		Metric System. Cent.	English System. Ft. Ins.		Metric System. Cent.
10—11	4	6	137.5	4	5 $\frac{3}{4}$	136.5
11—12	4	7	139.9	4	7 $\frac{1}{2}$	141.0
12—13	4	8 $\frac{1}{4}$	143.0	4	8 $\frac{3}{4}$	144.2
15—16	5	3 $\frac{1}{4}$	160.8	5	2 $\frac{3}{4}$	159.5

WEIGHTS OF SECONDARY SCHOOL CHILDREN.

Age Group.	Boys.			Girls.		
	Average Weight.			Average Weight.		
Years.	English System. Lbs. Ozs.		Metric System. Kilos.	English System. Lbs. Ozs.		Metric System. Kilos.
10—11	66	4	30.0	67	6	30.6
11—12	71	7	32.5	73	8	33.3
12—13	77	6	35.0	79	2	36.0
15—16	108	4	49.25	108	6	49.3

Clothing and Footgear.

No defects as regards clothing and footgear were found.

Nutrition.

25 children (9.9 per cent.) (17 boys and 8 girls) were found with subnormal nutrition, but none severe.

Dirty Heads.

None found.

Nose and Throat, etc.

13 boys (8.6 per cent.) had enlarged tonsils.

3 boys (1.9 per cent.) had enlarged tonsils and adenoids.

2 boys (1.3 per cent.) had adenoids.

8 girls (8.0 per cent.) had enlarged tonsils.

6 girls (6.0 per cent.) had enlarged tonsils and adenoids.

12 boys (7.9 per cent.) had enlarged cervical glands.

11 girls (10.9 per cent.) had enlarged cervical glands.

Eye Disease.

2 cases (boys), 1 with styes and one colour blind.

Defective Vision.

Total with Defective Vision	.. 50 (29 boys and 21 girls)
	19.9 per cent.
Number with Poor Vision	.. 23 (16 boys and 7 girls)
	9.1 per cent.
Number with Bad Vision	.. 27 (13 boys and 14 girls)
	10.7 per cent.

31 children (17 boys and 14 girls) were wearing glasses and in 27 instances the glasses were satisfactory, and in 4 instances unsatisfactory.

Ear Diseases and Hearing.

Obstruction (wax, aresia, etc.) was found in 4 children (2 boys and 2 girls).

8 children (3 boys and 5 girls) had defective hearing.

Speech.

3 children (2 boys and 1 girl) had defective articulation.

Heart and Circulation.

13 children (8 boys and 5 girls) were reported as anaemic. No cases of heart disease were found.

Pulmonary Tuberculosis.

No cases of definite or suspected pulmonary tuberculosis were found.

Non-Pulmonary Tuberculosis.

No cases were found.

Deformities.

5 slight cases of Rickets (all boys) were noted.

1 boy and 1 girl were noted with Spinal Curvature (slight).

1 boy with amputated finger.

4 children (3 boys and 1 girl) with flat feet (slight).

Vaccination.

38.7 per cent. of the children were found to be unvaccinated.

Chest Circumferences (Averages).

Expiration	—Boys	29 $\frac{1}{2}$ inches.
Do.	—Girls	29 $\frac{3}{4}$ „

Inspiration	—Boys	31 $\frac{3}{4}$ inches.
Do.	—Girls	32 „

Other Diseases or Defects.

These included Constipation 3 cases, Goitre 3 cases, Congenital Defect 1 case, Boils 1 case, Obesity 1 case, Cyst 1 case.

EXAMINATION OF SCHOLARSHIP CHILDREN.

113 scholarship children (65 boys and 48 girls) were medically examined in June, and generally speaking their condition was satisfactory. Two children had defective vision requiring attention, and 3 girls were not clean.

20.—CONTINUATION SCHOOLS.

There are no Continuation Schools in Wakefield.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The only duty of the Medical Officer under this heading is to examine children who apply for permission to engage in part-time employment (mostly as errand boys and newspaper deliverers), and during 1929 we examined 76 applicants, all being passed as fit.

ELEMENTARY SCHOOL CHILDREN.

TABLE 1.—RETURN OF MEDICAL INSPECTION.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections :—

Entrants	..	..	..	..	972
Intermediates	..	..	..	..	1,564
Leavers	..	..	..	..	1,229

3,765

Number of other Routine Inspections .. 83

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	3,595
Number of Re-Inspections	..	..	1,654

5,249

ELEMENTARY SCHOOL CHILDREN.

TABLE 2.

A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1929.

DISEASE OR DEFECT.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requir- ing Treat- ment.	Requir- ing to be kept under ob- servation but not requiring Treat- ment.	Requir- ing Treat- ment.	Requir- ing to be kept under ob- servation but not requiring Treat- ment.
1					2	3	4	5
Malnutrition					97	202	27	37
Uncleanliness					341	—	372	—
Skin	{	Ringworm—						
		Scalp			1	—	44	—
		Skin			—	—	22	—
		Scabies			3	—	25	—
		Impetigo			49	—	372	—
		Other Disease (Non- Tubercular)			12	—	124	18
Eye	{	Blepharitis			27	—	71	2
		Conjunctivitis			8	—	103	1
		Keratitis			1	—	1	2
		Corneal Opacities			1	1	—	2
		Defective Vision (excluding Squint)			396	161	221	274
		Squint			95	19	46	22
Ear	{	Other Conditions			7	2	11	3
		Defective Hearing			47	23	46	13
		Otitis Media			43	8	113	12
		Other Ear Diseases			114	—	37	6
Nose and Throat	{	Enlarged Tonsils			91	397	76	171
		Adenoids			15	23	8	20
		Enlarged Tonsils and Adenoids			143	101	64	40
		Other Conditions			21	9	22	16
Enlarged Cervical Glands (Non- Tubercular)					—	221	11	31
Defective Speech					—	15	—	9

TABLE 2.—*continued.*

DISEASE OR DEFECT.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requir- ing Treat- ment.	Requir- ing to be kept under ob- servation but not requiring Treat- ment.	Requir- ing Treat- ment.	Requir- ing to be kept under ob- servation but not requiring Treat- ment.
1					2	3	4	5
Heart and Circula- tion	{	Heart Disease—						
		Organic			—	27	1	25
		Functional			—	8	—	4
		Anaemia			42	20	96	28
Lungs	{	Bronchitis			98	221	19	33
		Other Non-Tubercular Disease			19	29	31	15
		Pulmonary—						
		Definite			4	—	1	—
		Suspected			9	—	21	—
		Non-Pulmonary—						
Tubercu- losis	{	Glands			—	—	—	—
		Hip			—	—	1	1
		Spine			—	—	—	—
		Other Bones and Joints			—	—	—	1
		Skin			1	—	1	—
		Other Forms			1	—	1	—
		Epilepsy			1	11	3	4
Nervous System	{	Chorea			7	—	—	1
		Other Conditions ..			—	39	—	2
		Rickets			11	47	10	20
Deformi- ties	{	Spinal Curvature ..			8	—	1	6
		Other Forms			3	7	1	9
Other Defects or Diseases		.. ..			48	33	210	91

TABLE 2.—*continued.*

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups—			
Entrants	972	291	29·9
Intermediates	1,564	493	31·4
Leavers	1,229	397	32·3
Total (Code Groups) ..	3,765	1,181	31·3
Other Routine Inspections ..	83	27	32·5

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys.	Girls.	Total.
Blind (including partially Blind).	Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind	2	2
		Attending Public Elementary Schools..	—	—
		At other Institutions	—	—
		At no School or Institution .. .	—	—
		Attending Certified Schools or Classes for the Blind	3	6
	Suitable for training in a School or Class for the partially Blind.	Attending Public Elementary Schools..	1	2
		At other Institutions	—	—
		At no School or Institution .. .	1	2
		Attending Certified Schools for the Deaf	5	6
		Attending Public Elementary Schools..	—	—
Deaf (including Deaf and Dumb and partially Deaf).	Suitable for training in a School or Class for the totally Deaf or Deaf and Dumb.	At other Institutions	—	—
		At no School or Institution .. .	2	2
		Attending Certified Schools or Classes for the Deaf	—	—
		Attending Public Elementary Schools..	—	—
		At no School or Institution .. .	—	—
	Suitable for training in a School or Class for the partially Deaf.	Attending Certified Schools or Classes for the Deaf	—	—
		Attending Public Elementary Schools..	—	—
		At no School or Institution .. .	—	—
		Attending Certified Schools or Classes for the Deaf	—	—
		Attending Public Elementary Schools..	—	—

TABLE 3.—continued.

		Boys.	Girls.	Total.
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	—	—	—
	Attending Certified Schools for Mentally Defective Children	29	28	57
	Attending Public Elementary Schools..	1	—	1
	At other Institutions ..	9	8	17
	At no School or Institution ..	—	—	—
Epilepsy ..	Feeble-minded ..	—	—	—
	Imbeciles ..	3	2	5
	Idiots ..	—	—	—
	Attending Certified Schools for Epileptics ..	1	—	1
	In Institutions other than Certified Schools ..	—	—	—
Physically Defective.	At no School or Institution ..	2	1	3
	Attending Public Elementary Schools..	7	6	13
	At no Schools or Institutions ..	3	—	3
	At Sanatoria and Sanatorium School approved by the Ministry of Health or the Board ..	—	—	—
	At other Institutions ..	—	—	—
	At no School or Institution ..	—	—	—

TABLE 3.—continued.

			Boys.	Girls.	Total.
Physically Defective.	Non-infectious, but active Pulmonary or Glandular Tuberculosis.	At Sanatoria and Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	6	1	7
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate Children (<i>e.g.</i> , pre or latent Tuberculosis, Malnutrition, Debility, Anaemia, etc.).	At Certified Residential Open-air Schools	—	—	—
		At Certified Day Open-air Schools	—	—	—
		At Public Elementary Schools	53	46	99
		At other Institutions	—	—	—
		At no School or Institution	12	9	21
	Active Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	3	6
		At Public Elementary Schools	2	—	2
		At other Institutions	—	—	—
		At no School or Institution	2	1	3

TABLE 3.—continued.

			Boys.	Girls.	Total.
Physically Defective.	Crippled Children (other than those with active Tuberculous Disease) <i>e.g.</i> , children suffering from Paralysis, etc., and including those with severe Heart Disease.	At Certified Hospital Schools ..	2	—	2
		At Certified Residential Cripple Schools ..	—	—	—
		At Certified Day Cripple Schools ..	—	—	—
		At Public Elementary Schools ..	36	39	75
		At other Institutions ..	—	—	—
		At no School or Institution ..	6	9	15

ELEMENTARY SCHOOL CHILDREN.

TABLE 4.

Return of Defects treated during the Year ended 31st December, 1929.

TREATMENT TABLE.

Group 1.—Minor Ailments (excluding Uncleanliness for which see Group 5).

DISEASE OR DEFECT.	Number of Defects Treated, or under Treatment during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm—Scalp	21	24	45
Ringworm—Body	21	1	22
Scabies	26	2	28
Impetigo	321	51	372
Other Skin Diseases	93	21	114
Minor Eye Defects	157	19	176
Minor Ear Defects	152	30	182
Miscellaneous	181	93	274
Total ..	972	241	1213

Group 2.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

DEFECT OR DISEASE.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Other-wise.	Total.
Errors of Refraction (including Squint) ..	433	19	—	452
Other Defect or Disease of the Eyes (excluding those in Group 1) ..	—	—	—	—
Total ..	433	19	—	452

Total number of children for whom spectacles were prescribed :—

- (a) Under the Authority's Scheme .. 395
- (b) Otherwise 16

Total number of children who obtained or received spectacles :—

- (a) Under the Authority's Scheme .. 312
- (b) Otherwise 16

Group 3.—Treatment of Defects of Nose and Throat.

Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
—	69	69	113	182

Group 4.—Dental Defects.

- (1) Number of children who were—
 - (a) Inspected by the Dentist aged ;

Routine age Groups ..	5	653	} Total 5,908.
	6	817	
	7	957	
	8	989	
	9	1208	
	10	927	
	11	265	
	12	56	
	13	36	

Specials Nil.

- (b) Found to require treatment 4,339
- (c) Actually treated 1,641
- (d) Re-treated during the year as the result of of periodic examination 69

- (2) Half-days devoted to { Inspection 103 } Total 478
 { Treatment 375 }
- (3) Attendances made by children for treatment 2,614
- (4) Fillings { Permanent Teeth .. 1,071 } Total 1,125
 { Temporary Teeth .. 54 }
- (5) Extractions { Permanent Teeth .. 592 } Total 5,370
 { Temporary Teeth .. 4,778 }

(6)	Administrations of General Anaesthetics for Extractions	259
(7)	Other Operations { Permanent Teeth .. 205 } Total	236
	{ Temporary Teeth .. 31 }	

Group 5.—Uncleanliness and Verminous Condition.

(1)	Average number of visits per school made during the year by the School Nurses	6
(2)	Total number of Examinations of children in the schools by the School Nurses	9,659
(3)	Number of individual children found unclean	497
(4)	Number of children cleansed under arrangements with the Local Education Authority	31
(5)	Number of Cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	—
	(b) Under School Attendance Byelaws	—

SECONDARY SCHOOL CHILDREN.

Table 1.—Return of Medical Inspection.

Number of Children Examined—

At Routine Inspections	251
At Special Inspections—	
Primary	253
Re-examinations	106
	} 359

SECONDARY SCHOOL CHILDREN.

Return of Defects found by Medical Inspection in the Year ended
31st December, 1929.

Disease or Defect.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requiring Treatment.	Requiring to be kept under obser- vation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under obser- vation but not requiring treatment.
1				2	3	4	5
Malnutrition				—	25	2	20
Uncleanliness				—	—	7	—
Skin	{	Ringworm—					
		Scalp	—	—	—	—	
		Skin	—	—	—	—	
		Scabies	—	—	—	—	
		Impetigo	—	—	—	—	
		Other Diseases (Non-Tubercular)	7	2	4	—	
Eye	{	Blepharitis ..		—	—	2	2
		Conjunctivitis ..		—	—	—	—
		Keratitis		—	—	—	—
		Corneal Opacities		—	—	—	—
		Defective Vision (excluding Squint)		13	35	21	55
		Squint		—	2	1	1
Ear	{	Other Conditions ..		—	2	—	—
		Defective Hearing		2	6	2	4
		Otitis Media ..		—	—	3	—
		Other Ear Diseases		4	—	1	—
Nose & Throat	{	Enlarged Tonsils ..		—	21	—	38
		Adenoids		—	2	—	—
		Enlarged Tonsils Adenoids		4	5	1	3
		Other Conditions ..		3	5	1	6
Enlarged Cervical Glands (Non- Tubercular)				—	23	—	9
Defective Speech				—	3	—	1
Teeth—Dental Diseases ..				—	—	—	—
Heart and Circula- tion	{	Heart Disease—					
		Organic	—	—	—	5	
		Functional	—	—	—	—	
		Anaemia	5	8	2	17	

Desease or Defect.		Routine Inspections.		Special Inspections.	
		No. of defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under obser- vation but not requiring treatment.	Requiring Treatment.	Requiring to be kept under obser- vation but not requiring treatment.
1		2	3	4	5
Lungs	{ Bronchitis	8	1	—	2
	{ Other Non-Tuber- cular Disease ..	—	1	—	—
	{ Pulmonary—				
	{ Definite	—	—	—	—
	{ Suspected	—	—	—	—
	{ Non-Pulmonary—				
Tuber- culosis	{ Glands	—	—	—	—
	{ Spine	—	—	—	—
	{ Hip	—	—	—	1
	{ Other Bones and Joints	—	—	—	—
	{ Skin	—	—	—	—
	{ Other Forms	—	—	—	—
Nervous System	{ Epilepsy	—	—	—	—
	{ Chorea	—	—	—	—
	{ Other Conditions ..	1	5	—	5
Deform- ities	{ Rickets	—	5	—	—
	{ Spinal Curvature ..	—	2	1	4
	{ Other Forms	2	5	3	15
Other Defects and Diseases	..	4	6	2	9

**Number of Individual Children found at Routine Medical
Inspection to require Treatment (excluding Uncleanliness).**

GROUP.		Number of Children.		Percentage of children found to require treatment.
		Inspected.	Found to require treatment.	
Leavers	.. .. .	251	85	33.8

TABLE 4.

Number of Defects treated during the Year ended 31st December, 1929.

Group 1.—Minor Ailments (excluding Uncleanliness).

7 children with skin disease were treated, 2 under the Authority's Scheme, and 5 otherwise.

4 children with Minor Ear Defects were treated, 3 under the Authority's Scheme, and 1 otherwise.

Group 2.—Defective Vision (excluding Minor Eye Defects).

10 errors of refraction were dealt with under the Authority's Scheme.

9 children were supplied with prescriptions for Spectacles, and 9 obtained Spectacles.

Group 4.—Treatment of Defects of Nose and Throat.

4 defects of Nose and Throat received treatment.

Group 5.—Uncleanliness and Verminous Condition.

7 girls were noted with Dirty Heads.

BOARD OF EDUCATION.

LOCAL EDUCATION AUTHORITY.

WAKEFIELD CITY.

Statement of the number of children notified during the year ended 31st December, 1929, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 5

Analysis of the above total.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(a) Idiots	—	—
(b) Imbeciles	3	2
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(a) Moral Defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, <i>i.e.</i> , “Special Circumstances” Cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
Grand Total ..	3	2

